

BEST AVAILABLE COPY



PILLSBURY WINTHROP LLP

2475 MANOVER STREET PALO ALTO, CA 94304-1114 650.233.4500 F: 650.233.4545

RECEIVED
CENTRAL FAX CENTER

OCT 26 2004

FACSIMILE

Total Pages (including cover): 2

HOUSTON
LONDON
LOS ANGELES
NEW YORK
NORTHERN VIRGINIA
ORANGE COUNTY
SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
SINGAPORE
STAMFORD
SYDNEY
TOKYO
WASHINGTON DC

Date:	October 26, 2004	Must Be Sent By:	
To:	Examiner: Brown, Christopher J. Art Unit: 2134	Fax No:	(703) 872-9306
Company:	U.S. Patent & Trademark Office	Phone No:	
From:	Mark J. Danielson	Phone No:	(650) 233-4777
User No:	13068	C/M No:	010942-0269936
Re:	U.S. Serial No. 09/801,468 Filing Date: March 7, 2001 First Named Inventor: Luz Maria Camacho		

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the person/group, fax number and date indicated above.

By:

Bobbie J. Lucas
Bobbie J. Lucas

Confidentiality Note:

The documents accompanying this facsimile transmission may contain confidential information which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please immediately notify us by telephone and mail the original transmission to us. Thank you.

Attachments:

1. Change of Correspondence Address, From SB122

If you have not properly received this fax, please call (650) 233-4500. Thank you.

Operator: _____ Time Sent: _____ Batch ID: _____

60370066V1

PTO/SB/122 (09-04)

Approved for use through 07/31/2006. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/801,468
Filing Date	March 7, 2001
First Named Inventor	Luz Maria Camacho et al.
Art Unit	2134
Examiner Name	Brown, Christopher J.
Attorney Docket Number	010942 0269936

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

27,498

**RECEIVED
CENTRAL FAX CENTER
OCT 26 2004**

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 40,580
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

Mark J. Danielson

Date October 26, 2004

Telephone

(650) 233-4777

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.